

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

ATTORNEY'S DOCKET NO.: EGYP 3.0-009

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

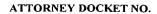
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Statins (HMG-CoA Reductase I			nunosuppressor and anti-	
inflammatory agent the specification				
is attached hereto	ited States Application Number or P	CT International Application Nu	mher and was amended	
on (if applicable).	incu states Application Number of 1	CT International Application 14a	and was amended	
I hereby state that I have reviewed and ur amendment specifically referred to above.	nderstand the contents of the above-i	dentified specification, including	g the claims, as amended by any	
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.				
I hereby claim foreign priority benefits un certificate or § 365(a) of any PCT internat below and have also identified below any filing date before that of the application on	ional application which designated a foreign application for patent or inv	t least one country other than the	United States of America, listed	
PRIOR FOREIGN APPLICATION(S	5)	DAME OF SWANG		
COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED	
			YES NO	
			YES NO	
			YES NO	
LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 3 HEREOF YES X NO				
I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:				
Application Number:		Filing Date:		
Application Number: Filing Date:				
I hereby claim the benefit under Title 35, application designating the United States or not disclosed in the prior United States or Code, § 112, I acknowledge the duty to Regulations, § 1.56 which became availabilities application:	of America, listed below and, insofar PCT international application in the disclose information which is ma	r as the subject matter of each of manner provided by the first par terial to patentability as define	f the claims of this application is agraph of Title 35, United States d in Title 37, Code of Federal	
U.S. Parent Application Serial Number:	Parent Filing	Date: Pa	rent Patent No.:	
U.S. Parent Application Serial Number:	Parent Filing	Date: Pa	rent Patent No.:	
PCT Parent Number:	Parent Filing I	Date:		
LISTING OF US APPLICATIONS CONTINUED ON PAGE 3 HEREOF: YES NO				
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530				

DIRECT ALL CORRESPONDENCE TO: Customer No. 000530



Additional inventors are being named on separately numbered sheets attached hereto.



DECLARATION -- Page 2

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole	e or first inventor (given name, family name): Francois Mach		
Inventor's signature		Date	<u> </u>
	chemin Petrey, CH-1222 Vesenaz Switzerland Citiz ress: 24 chemin Petrey, CH-1222 Vesenaz Switzerla		
Full name of sec	ond joint inventor, if any (given name, family name)		
Second Invento	r's signature	Date	
Residence: Post Office Add	Citizenship: ress:		
Full name of thir	rd joint inventor, if any (given name, family name):		
Third Inventor	's signature	Date	
Residence: Post Office Addi	Citizenship: ress:		
Full name of fou	arth joint inventor, if any (given name, family name):		
Fourth Inventor	r's signature	Date	
Residence: Post Office Addi	Citizenship: ress:		
Full name of fift	h joint inventor (given name, family name):		
Fifth Inventor's	s signature	Date	
Residence: Post Office Add	Citizenship: ress:		
Full name of six	th joint inventor, if any (given name, family name):		
Sixth Inventor's	s signature	Date	
Residence: Post Office Add	Citizenship: ress:		
Full name of sev	venth joint inventor, if any (given name, family name):		
Seventh Inventor's signature		Date	
Residence: Post Office Addi	Citizenship: ress:		
Full name of eig	thth joint inventor, if any (given name, family name):		
Eighth Inventor's signature		Date	
Residence: Post Office Addi	Citizenship: ress:		